



Colorado Department of Public Health and Environment
Compliance Assurance & Data Management Unit

4300 Cherry Creek Drive South, Denver, CO 80246-1530
PHONE: (303) 692-3500
FAX: (303) 782-0390

Summary for Bacteriological Water Analysis Reporting
FORM 2—UNSAFE ROUTINE SAMPLE DATA AND REPEATS

Colorado Department
of Public Health
and Environment

COUNTY	MONTH	YEAR	SYSTEM TYPE
			<input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY

SYSTEM NAME: _____ PWSID: CO0 _____

SAMPLE TYPE	Sample Collection Date	Verified total Coliform Present=P	Verified fecal/E. coli Coliform: Present=P Absent=A	CHLORINE RESIDUAL in mg/L	NOTIFIED STATE		ANY ADDITIONAL COMMENTS
					CONTACT NAME	DATE/ TIME	
<input type="checkbox"/> ROUTINE							
<input type="checkbox"/> UPSTREAM <input type="checkbox"/> REPEAT							
<input type="checkbox"/> DOWNSTREAM <input type="checkbox"/> REPEAT							
<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REPEAT							
<input type="checkbox"/> OTHER <input type="checkbox"/> REPEAT							

NAME OF LABORATORY: _____

LABORATORY PHONE NUMBER: _____

Reviewed & Approved by

Title

Date